

**STANDARD CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/539271**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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27		/				
28		/				
29		/				
30	0	0				
31	0	0				
32	/					
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42	/					
43	/					
44	8	0				
45	0	0				
46						
47						
48						
49						
50						
TOTAL IND.	9		↓		↓	↓
TOTAL DEP.	43	←	←	←	←	←
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						